Sheppey Rural District Council.

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ANNUAL REPORT

OF THE

MEDICAL OFFICER

OF

HEALTH,

FOR THE YEAR 1925.

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To the Chairman and Members of the Sheppey Rural District Council.

GENTLEMEN,

I beg to present you with my Nineteenth Annual Report on the Health of the Sheppey Rural District.

NATURAL AND SOCIAL CONDITIONS.

The population of the District at the last Census was 4,592. For the year 1925 it is estimated : For Deaths to be 4,763, and for Births 5,473.

The area of the district is 20,046 acres. It is bounded on the North by the sea, on the West by Sheerness and Queenborough, and on the South and East by the River Swale.

The district consists of six parishes, viz. : Minster (including Halfway Houses), Eastchurch, Leysdown, Harty, Warden, and Elmley. The first two parishes are the largest and contain the bulk of the population. The chief occupation of the inhabitants in the East-end of the district is connected with the Royal Dockyard and the various works at Queenborough. In the rest of the district is agriculture, with a small proportion working for the R.A.F. at Eastchurch. There are no occupations having any particular influence on public health.

During 1925, excluding the unemployed, there has not been an excessive amount of poverty in the district.

The district is well supplied with roads, of which there are 27 miles belonging to the Rural District and 8 to the County Council, the latter being principally tarred. In Halfway Houses, Minster, and Eastchurch the roads are well lighted, the two former by gas and the latter by oil. There is a Light Railway (9 miles in length) running through the centre of the district from Queenborough to Leysdown, on which are stations at Sheerness East, East Minster, Minster, Brambledown, Eastchurch, Harty Road, and Leysdown. There is also a daily service of 'buses connecting Eastchurch, Minster, and Halfway Houses with Sheerness, Queenborough, and Sittingbourne.

The roads belonging to the Rural District Council are in fairly good condition. Those of the County Council, however, are not quite as good. They were repaired during the year, but the mending was not efficient enough to withstand the heavy traffic.

RAINFALL, 1925.

Collected by C. Warren, Esq., J.P., at Old Rides' Farm, Eastchurch.

January, 1.03; February, 2.22; March, 0.89; April, 1.61; May, 1.88; June, 0.50; July, 1.76; August, 1.23; September, 2.00; October, 2.83; November, 2.41; December, 2.55. Total, 20.91.

VITAL STATISTICS.

DEATHS.—The number of deaths belonging to the district was 44, of which 31 were males and 13 females. Rate per 1,000, 9.22. Death rate for whole of England and Wales, 1925, was 12.2. The causes of death were as follows :—

	M.	F.	Total.		Rate per 1,000
Pulmonary Tuberculosis	1	0	1	...	0.20
Cancer	3	1	4	...	0.83
Cerebral Haemorrhage	2	0	2	...	0.41
Heart Disease	4	2	6	...	1.25
Arterio-sclerosis	1	1	2	...	0.41
Pneumonia	1	0	1	...	0.20
Nephritis	1	1	2	...	0.41
Congenital Debility	1	1	2	...	0.41
Violence	2	0	2	...	0.41
Other defined diseases	7	3	10	...	2.09
Influenza	1	0	1	...	0.20
Bronchitis	1	3	4	...	0.83
Appendicitis	1	1	2	...	0.41
Cirrhosis of Liver	1	0	1	...	0.20
Suicide	3	0	3	...	0.62
Total	31	13	44	...	9.22

INFANTILE MORTALITY.

There were six deaths of infants under one year of age—two Congenital and four from disease. Rate per 100 births, 7.05. This is an increase on last year, when the rate was only 2.19. Comparison for the whole of England and Wales—Rate 7.5.

BIRTHS.

There were 85 births, of which 47 were males and 38 females. Rate, 15.53. The birth rate for the whole of England and Wales per 1,000, 18.3.

SANITARY CIRCUMSTANCES.

WATER.—The water of the district is obtained from shallow and deep wells. The quantity available is adequate, and of pure quality, and the distribution good.

Minster and neighbourhood receives its supply from a well touching the green sand belonging to the Sheppey Water Company. Halfway Houses, partially from the Company and a private deep well. Eastchurch has a partial supply from the same Water Company, and from a private spring; this water should be boiled before using for drinking purposes. Leysdown, Warden, Harty, and Elmley receive their supplies from shallow wells. In some of the outlying houses rain-water storage is depended upon. There is little danger of contamination. No outbreak of sickness has been traced to water supply. There is no water liable to plumbo-solvent action. Number of premises not connected with public water supplies, 200.

RIVERS & STREAMS.—There are no rivers in the district. There is one small stream, which, however, is not used for human drinking purposes.

DRAINAGE & SEWERAGE.—The R.D. Sewers run from Minster, along the main road, to Halfway Houses, and collect from Halfway and part of Minster. The parts distant from the main road depend on cesspits for sullage water and dry earth closets. Eastchurch, Warden, Leysdown, and Elmley depend on cesspits, privies, and earth-closets. The night soil is collected by public scavenger periodically and used as manure, and, with the exception of an occasional complaint, is well carried out. The cesspits are supposed to be emptied by the landlord, but this is not always satisfactory, and complaints of over-running cesspits are constantly being received.

CLOSET ACCOMMODATION.—According to the return of the Sanitary Inspector, there are, approximately, in the district:

Water Closets into sewers	70
Earth Closets (pail)	200
Privies	200
W.C.'s into cesspits	46
Not connected with public water supplies	200

SCAVENGING.—The house refuse is removed by public scavengers satisfactorily in Halfway Houses, Minster, and Eastchurch. In the rest of the district it is disposed of by the inhabitants. The cleansing of earth-closets, ashpits, and privies is left to the householders, and requires closer supervision. There are still about 40 fixed ashbins in the district.

PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYE-LAW.—There are none in the district.

FOOD.

MILK SUPPLY.—The milk supply is furnished from the farms in the district, and is wholesome in character. The distribution is satisfactory. The cowsheds and dairies are periodically inspected. At the last inspection the result was fairly satisfactory.

There are 31 dairies and cowsheds on the register.

No action has been taken or required with regard to tuberculous milk.

OTHER FOODS.—There is no public abattoir in the district, and only two slaughter-houses (at Eastchurch): facilities are given for its inspection.

There are no bakehouses in the district.

MILK (MOTHER AND CHILDREN) ORDER, 1918.—The local authority has arranged to supply Milk under this order. Only two cases have required or applied for Milk.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE.

The following are the Infectious Diseases notifiable in the district, viz.:

Small Pox.	Continued Fever.
Cholera.	Puerperal Fever.
Diphtheria.	Cerebro Spinal Meningitis.
Membranous Croup.	Acute Poliomyelitis.
Scarlet Fever.	Acute Encephalitis Lethargica.
Erysipelas.	Acute Poli Encephalitis.
Typhus.	Ophthalmia Neonatorum.
Enteric Fever.	Tuberculosis.
Para Typhoid Fever.	Malaria.
Relapsing Fever.	Pneumonia.
Chicken Pox.	

CASES NOTIFIED DURING THE YEAR.

	Total Number.	Admitted to Hospital.	Deaths.	Rate.
Encephalitis Lethargica	2	0	0	0.41
Diphtheria	1	0	0	0.20
Scarlet Fever	2	2	0	0.41
Erysipelas	4	0	0	0.83
Ophthalmia Neonatorum	2	2	0	0.41
Tuberculosis	5	3	1	1,04
Pneumonia	5	2	1	0.20
Chicken Pox	9	0	0	1.88

BACTERIOLOGICAL EXAMINATION.

Every facility is given at the County Laboratory for this work, and has been utilised, especially for the examination of blood, urine, faeces, sputum, and swabs. Reports are generally available in 24 hours after sending the specimens to the Laboratory.

TUBERCULOSIS.

Pulmonary —There were three cases notified belonging to the district. Rate per 1,000 living, 0.62, with one death, which gives a rate of 0.20 per 1,000 persons living in the district. Both the number of cases and deaths being much less than former years.

Non-Pulmonary.—There were two cases notified belonging to the district, rate per 1,000 being 0,41; there were no deaths.

There are at present on the Register: Pulmonary, 6 males and four females; Non-Pulmonary, 2 males and 1 female; making a total of 3. This number includes cases entering from without the district.

ENCEPHALITIS LETHARGICA.—Two cases were notified which contracted the disease from a patient resident without the district.

CHICKEN POX.—Owing to the increase of Small Pox, it was decided to continue Chicken Pox notifiable for a further period. Nine cases have been notified.

VACCINATION.—Of the 85 births registered, only 7 children have been vaccinated, making a rate of 7.36 per 100 births.

SCHOOL INTIMATION.—The Head Teachers of the schools immediately notify any child absent from school suffering from notifiable and non-notifiable infectious or contagious diseases.

INSPECTION OF SCHOOLS.—There were two inspections of the schools during the year. The results were exceedingly good, a very small percentage of the children were found defective. The general appearance was good, viz., clothes, footgear, cleanliness, and nutrition. This is accounted for by the good climatic conditions of the Island for children and the lack of extreme poverty.

SANITARY ADMINISTRATION.

STAFF.—There is only one Officer, who combines the work of Inspector of Nuisances and Surveyor.

A Consulting Engineer is retained to advise on matters relating to building and sanitary work.

DISINFECTION.—Immediately an infectious case has recovered or been removed, the premises, clothing, etc., are disinfected under the supervision of the Sanitary Inspector.

ISOLATION HOSPITAL.—The Hospital which was under the Council has been closed, and arrangements made with the Keycol Fever Hospital to accept all Infectious cases, which were formerly dealt with at the Council's Hospital.

GENERAL HOSPITAL ACCOMMODATION.—There is no Hospital or Nursing, Maternity, or General Institution provided by the Local Authority. On several occasions the question of a Cottage Hospital has been brought up, but no action taken. The Sheppey Union Hospital is very considerably utilised, both by the Inhabitants of Queenborough and Sheerness, as well as the Rural District, on payment of cost incurred. During 1925 there were 227 general cases admitted to this Hospital (including Poor Law cases), namely, 91 men, 89 women, and 47 children, and 6 maternity cases requiring operation.

LOCAL ACTS IN FORCE.

A.—In the whole district:

1. Infectious Disease (Prevention) Act, 1890.
2. Public Health Amendment Act, 1890 (Part 8).
3. Public Health Act, 1875, Sections 44, 47, and 157.
4. Public Health Act, 1875, Section 160, with respect to ruinous or dangerous buildings.
5. Public Health Act Amendment Act, 1907 (Sections 67 and 86).
6. Notification of Births Act.

B.—Parishes of Eastchurch, Leysdown, and Minster:
Public Health Act, 1875, Section 49.

C.—Parish of Minster:

Public Health Act, 1875, Section 39.

BYE-LAWS AND REGULATIONS IN FORCE.

1.—New Streets and Buildings.

2.—Cleansing of Cesspools.

3.—Model Regulations: Dairies, Cowsheds, and Milkshops.

MIDWIVES ACT, 1902.—This Act is administered by the County Medical Officer.

There are two Certified Midwives residing in the district.

NOTIFICATION OF BIRTHS ACT.—This Act is administered by the County Medical Officer.

WORKSHOPS AND WORKPLACES.

Inspections have been made of:

The Sheppey Workhouse Laundry.

The Minster Steam Laundry.

The Sheerness East Hand Laundry.

And everything found satisfactory.

HOUSING.

There is no acute shortage of houses in the District. There appears to be an inclination to build many more private houses in the near future. If the R.A.F. buildings were utilised it would be a great benefit to Eastchurch, as many of the officers and men occupy houses here when they could live in the houses, etc., provided at the Aerodrome. During the year there were 48 houses erected by private enterprise.

The Health and general conditions of the Rural District has been exceedingly good during 1925.

I am, Gentlemen,

Your obedient Servant,

THOMAS R. WIGLESWORTH, M.D., M.R.C.S., L.R.C.P.,

M.O.H., Sheppey R.D. Council.

REPORT OF SANITARY INSPECTOR.

RURAL DISTRICT OF SHEPPEY, 1925.

	No. in District.	No. of visits in 1925.	No. of Defects found.	No. of Defects Remedied.
Bakehouses	0	0	0	0
Dairies	0	0	0	0
Cowsheds	30	45	0	0
Milkshops Registered	1	2	0	0
Slaughter-houses Licensed	2	8	0	0
Other food-preparing places	0	0	0	0
Common lodging-houses ...	0	0	0	0
Houses-let-in Lodgings ...	0	0	0	0
Factories, Workshops, Workplaces	3	7	0	0

Nuisances found or reported during the year (other than those enumerated in the above tabulation) :—

Re Overcrowding—No. investigated, 1; *No. abated, 1.

Re Offensive Trades—No. investigated, 0; No. abated, 0.

Re Keeping of Animals—No. investigated, 2; *No. abated, 2.

Re Sanitary Accommodation—No. investigated, 12; *No. abated, 12 (including conversions of type).

Re Drainage—No. investigated, 14; *No. abated, 12.

Re Dustbins, etc.—No. investigated, 0; No. abated, 0.

Re Smoke Abatement—No. investigated, 1; *No. abated, 1.

Others—No. investigated, 43; *No. abated, 37.

* Includes also nuisances investigated in 1924 and remedied in 1925.

Number of Premises containing each type of sanitary convenience in district (approximate) :—

W.C.'s into drainage system, 470

W.C.'s into cesspools, 46.

Earth closets or privy middens, 200.

Pail closets, 422.

Number of premises not connected to public water supplies, 200.

Total number of all kinds of visits paid by Inspector (s) during the year, 310.

Notices served- statutory, 0; informal, 63.

Number of houses, etc., disinfected, 6.

Batches of clothing, 0.

Amount of food condemned during the year, 1 cwt.

1.—Unfit dwelling-houses :

Inspection—(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) 28

(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910, or Housing Consolidated Regulations, 1925 74

(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation 0

(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation 0

2.—Remedy of Defects without Service of formal Notices

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers 64

3.—Action under Statutory Powers :

A.—Proceedings under Section 3 of the Housing Act, 1925.

(1) Number of dwelling-houses in respect of which notices were served requiring repairs 0

(2) Number of dwelling-houses which were rendered fit after service of formal notices :

(a) By owners 0

(b) By Local Authority in default of owners... 0

(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ... 0

B.—Proceedings under Public Health Acts :

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... ...

(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—

(a) By owners 0

(b) By Local Authority in default of owners ... 0

C.—Proceedings under sections 11, 14, and 15 of the Housing Act, 1925 :

(1) Number of representations made with a view to the making of Closing Orders 0

(2) Number of dwelling-houses in respect of which Closing Orders were made 0

(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit 0

(4) Number of dwelling-houses in respect of which Demolition Orders were made 0

(5) Number of dwelling-houses demolished in pursuance of Demolition Orders 0

Number of new houses erected during the year :—

(a) Total, 48.

(b) With State assistance under the Housing Acts, 1919 or 1923 :

(i.) By the Local Authority 0

(ii.) By other bodies or persons 22

Shortage of housing accommodation for working classes :—
Extent of Shortage :

(a) To replace unsatisfactory property 0

(b) To provide additional accommodation 0

No shortage.

CHARLES A. TILL,

Inspector of Nuisances.

TABLE X.—Birth-rate, Death-rate, and Analysis of Mortality during the year 1925

(Provisional figures. The rates for England and Wales have been caluculated on a population estimated to the middle of 1925, while those for the towns have been calculated on populations estimated to the middle of 1924. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns).

—	Birth-rate per 1,000 Total Population.	Annual Death-rate per 1,000 Population.									Rate per 1,000 Births.		Percentage of Total Deaths.		
		All Causes.	Enteric Fever	Small-pox.	Measles.	Scarlet Fever	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhœa and Enteritis (under Two years).	Total Deaths under One year.	Causes of Death certified by Registered Medical Practitioners.	Inquest Cases.	Uncertified Cause of Death.
England and Wales - - - - -	18·3	12·2	0·01	0·00	0·13	0·03	0·15	0·07	0·32	0·47	8·4	75	92·1	6·9	1·0
105 County Boroughs and Great Towns, including London.	18·8	12·2	0·01	0·00	0·17	0·03	0·18	0·09	0·30	0·43	10·8	79	92·1	7·3	0·6
157 Smaller Towns (1921 Adjusted Populations 20,000-50,000).	18·3	11·2	0·01	0·00	0·15	0·02	0·14	0·06	0·31	0·38	7·6	74	93·0	5·9	1·1
London. - - - - - - -	18·0	11.7	0·01	0·00	0·08	0·02	0·19	0·11	0·23	0·46	10·6	67	91·1	8·9	0·0

TABLES SHOWING COMPARISON OF THE YEARS 1921 TO 1925 INCLUSIVE.

TABLE I. DEATHS AT ALL AGES.

NUMBER AND RATE PER 1,000 LIVING.

	1921		1922		1923		1924		1925	
Estimated Population	4,592		4,557		4,435		4,619		4,763	
Diseases.	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Enteric Fever	0	0	0	0	1	0.22	0	0	0	0
Small Pox	0	0	0	0	0	0	0	0	0	0
Measles	0	0	1	0.21	0	0	0	0	0	0
Scarlet Fever	0	0	0	0	0	0	0	0	0	0
Whooping Cough ...	0	0	0	0	0	0	0	0	0	0
Diphtheria	0	0	0	0	0	0	0	0	0	0
Influenza	3	0.65	2	0.43	0	0	0	0	1	0.20
Encephalitis lethargica	0	0	0	0	0	0	0	0	0	0
Meningococal meningitis	0	0	0	0	0	0	0	0	0	0
Tuberculosis of respiratory system ...	2	0.43	2	0.43	1	0.22	5	1.08	1	0.20
Other Tuberculosis diseases	0	0	1	0.21	2	0.45	1	0 21	0	0
Cancer, malignant diseases	2	0.43	5	1.09	6	1.35	4	0.86	4	0.83
Rheumatic Fever	0	0	0	0	0	0	0	0	0	0
Diabetes	0	0	1	0.21	0	0	0	0	0	0
Cerebral haemorrhage	9	1.95	4	0.87	4	0.90	1	0.21	2	0.41
Heart disease	2	0.43	6	1.31	10	2.25	3	0.64	6	1.25
Arterio-sclerosis ...	2	0.43	1	0.21	3	0.67	6	1.20	2	0.41
Bronchitis	2	0.43	1	0.21	3	0.67	0	0	4	0.83
Pneumonia	3	0.65	3	0.65	2	0.45	3	0.64	1	0.20
Other respiratory diseases	0	0	0	0	1	0.22	0	0	0	0
Ulcer of stomach or duodenum	2	0.43	0	0	1	0.22	0	0	0	0
Diarrhoea under 2 years	0	0	0	0	0	0	1	0.21	0	0
Appendicitis and typhlitis	0	0	0	0	0	0	0	0	2	0.41
Cirrhosis of liver ...	0	0	0	0	1	0.22	0	0	1	0.20
Acute and chronic nephritis	0	0	2	0.43	1	0.22	2	0.43	2	0.41
Puerperal sepsis	0	0	0	0	0	0	0	0	0	0
Other accidents and diseases of pregnancy and parturition	0	0	1	0.21	0	0	0	0	0	0
Congenital debility and malformation ... premature birth	5	1.08	2	0.43	2	0.45	2	0.43	2	0.41
Suicide	0	0	1	0.21	1	0.22	0	0	3	0.62
Other deaths from violence	3	0.65	3	0.65	2	0.45	1	0.21	2	0.41
Other defined diseases	5	1.08	0	0	8	1.80	5	1.08	10	2.09
Causes ill-defined ...	0	0	0	0	1	0.22	0	0	1	0.20
Total	45	10.42	41	8.99	50	11.27	34	7.36	44	9.22

TABLE II.

INFANTILE MORTALITY.

NUMBER AND RATE PER 1,000 BIRTHS.

	1921		1922		1923		1924		1925	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Congenital or violence	7	7.77	2	2.1	2	2.15	2	2.19	2	2.38
Diseases	3	3.33	0	0	2	2.15	0	0	4	4.70
Total	10	11.1	2	2.1	4	4.30	2	2.19	6	7.05

TABLE III.

MALES.

NUMBER AND RATE PER 1,000 LIVING.

	1921		1922		1923		1924		1925	
Estimated Population	4,592		4,557		4,607		5,329		5,473	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Legitimate	35	7.62	43	9.43	44	9.55	53	9.64	46	8.40
Illegitimate	4	0.87	0	0	1	0.21	1	0.18	1	0.18
Total	39	8.49	43	9.43	45	9.76	54	9.83	47	8.58
FEMALES.										
Legitimate	50	10.88	49	10.65	45	9.76	34	6.35	36	6.57
Illegitimate	1	0.21	2	0.43	3	0.86	3	0.56	2	0.36
Total	51	11.10	51	11.09	48	10.63	37	6.94	38	6.94
Total M. & F. ...	90	20.11	94	19.7	93	20.74	91	16.06	85	15.53

TABLE IV. INFECTIOUS DISEASES.

NUMBER AND RATE PER 1,000 LIVING.

	1921		1922		1923		1924		1925	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Small Pox	0	0	0	0	0	0	0	0	0	0
Hospital	0	0	0	0	0	0	0	0	0	0
Deaths	0	0	0	0	0	0	0	0	0	0
Diphtheria	2	0.43	8	1.75	7	1.57	0	0	1	0.20
Hospital	2	0.43	8	1.75	7	1.57	0	0	1	0.20
Deaths	0	0	0	0	0	0	0	0	0	0
Erysipelas	1	0.21	2	0.43	2	0.45	3	0.64	4	0.83
Hospital	0	0	0	0	0	0	0	0	0	0
Deaths	0	0	0	0	0	0	0	0	0	0
Scarlet Fever	3	0.65	2	0.43	2	0.45	3	0.64	2	0.41
Hospital	3	0.65	1	0.21	2	0.45	3	0.64	2	0.41
Deaths	0	0	0	0	0	0	0	0	0	0
Enteric fever, including Paratyphoid	1	0.21	1	0.21	0	0	1	0.21	0	0
Hospital	0	0	0	0	0	0	0	0	0	0
Deaths	0	0	0	0	0	0	1	0.21	0	0
Puerperal Fever	2	0.43	1	0.21	2	0.45	2	0.43	0	0
Hospital	0	0	1	0.21	2	0.45	2	0.43	0	0
Deaths	0	0	0	0	0	0	0	0	0	0
Cerebro-Spinal Meningitis	0	0	0	0	0	0	0	0	0	0
Hospital	0	0	0	0	0	0	0	0	0	0
Deaths	0	0	0	0	0	0	0	0	0	0
Poliomyelitis	0	0	0	0	0	0	0	0	0	0
Hospital	0	0	0	0	0	0	0	0	0	0
Deaths	0	0	0	0	0	0	0	0	0	0
Pulmonary tuberculosis	5	1.08	7	1.53	5	1.12	6	1.29	3	0.62
Hospital	0	0	0	0	0	0	2	0.43	3	0.62
Deaths	2	0.43	2	0.43	1	0.22	5	1.08	1	0.20
Other forms of Tuberculosis	2	0.43	1	0.21	0	0	0	0	2	0.41
Hospital	0	0	0	0	0	0	0	0	0	0
Deaths	0	0	0	0	0	0	0	0	0	0
Malaria	1	0.21	0	0	0	0	0	0	0	0
Hospital	0	0	0	0	0	0	0	0	0	0
Deaths	0	0	0	0	0	0	0	0	0	0
Encephalitis Letnargica	0	0	0	0	0	0	2	0.43	2	0.41
Hospital	0	0	0	0	0	0	2	0.43	2	0.41
Deaths	0	0	0	0	0	0	0	0	0	0
Pneumonia	8	1.74	9	1.97	8	1.80	16	3.46	5	1.04
Hospital	0	0	0	0	0	0	12	2.59	2	0.41
Deaths	3	0.65	3	0.65	2	0.45	3	0.64	1	0.20
Chicken-pox	0	0	0	0	0	0	9	1.94	9	1.88
Hospital	0	0	0	0	0	0	0	0	0	0
Deaths	0	0	0	0	0	0	0	0	0	0
Ophthalmia Neonatorum	0	0	0	0	0	0	1	0.21	2	0.41
Hospital	0	0	0	0	0	0	1	0.21	2	0.41
Deaths	0	0	0	0	0	0	0	0	0	0
O.N. Blindness	0	0	0	0	0	0	0	0	0	0

TABLE V.

VACCINATION.

Years.	1921.	1922.	1923.	1924.	1925.
Number of Births	90	94	93	91	85
Primary Vaccinations ...	10	9	15	9	7
Rate per 100 Births	11.11	9.57	16.12	9.89	7.36

TABLE VI.
DAIRIES, SLAUGHTER-HOUSES, LODGING HOUSES, AND FACTORIES.

	1921.				1922.				1923.				1924.				1925.			
	No. in District.	No. of Visits.	No. Defects.	No. Remedied.	No. in District.	No. of Visits.	No. Defects.	No. Remedied.	No. in District.	No. of Visits.	No. Defects.	No. Remedied.	No. in District.	No. of Visits.	No. Defects.	No. Remedied.	No. in District.	No. of Visits.	No. Defects.	No. Remedied.
Bakehouses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dairies and Cowsheds, Milkshops	35	50	0	0	38	38	0	0	38	56	4	4	31	54	8	8	31	47	0	0
Slaughter houses	1	3	0	0	1	3	0	0	1	3	0	0	2	6	0	0	2	8	0	0
Common lodging houses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Houses let in lodgings	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Factories, Workshops, and Workplaces ...	2	3	0	0	3	5	0	0	3	5	0	0	3	6	0	0	3	7	0	0

TABLE VII.

NUISANCES FOUND OR REPORTED OTHER THAN IN TABLE.

	1921	1922	1923	1924	1925
Overcrowding—No. investigated	2	0	0	2	1
Abated ...	2	0	0	2	0
Offensive trades—No. investigated	0	0	0	0	0
Keeping of Animals—No. investigated	0	0	0	4	2
Abated ...	0	0	0	3	2
Sanitary Accommodation— No. investigated	9	7	7	6	12
Abated	9	7	7	6	12
Drainage—No. investigated	1	4	6	0	14
Abated	1	4	6	0	12
Dustbins—No investigated	0	0	0	0	0
Abated	0	0	0	0	0
Others—No. investigated	32	23	21	34	43
Abated	26	15	19	30	37
Number of premises containing each type of sanitary convenience in District (approximate) :—					
W.C.'s into drainage system ...	400	400	410	460	470
W.C.'s into cesspools	30	40	40	40	46
Earth closets or privy middens...	276	200	200	200	200
Pail closets	300	400	410	410	422
No. of premises not connected to public water supplies	200	200	200	200	200
Notices served Statutory—Informal	44	34	34	34	63
No. of Houses, etc., disinfected ...	11	7	8	8	6
No. of articles of clothing ,etc., disinfected	0	0	3	3	0
Amount of food condemned during year	84lbs.	0	0	0	1 cwt.
HOUSING.					
Number of houses inspected	84	70	73	140	108
Number unfit for habitation	0	0	0	0	0
Number of representations for closing orders	0	0	0	0	0
Closing orders made	0	0	0	0	0
Number of houses made habitable after closing orders	0	0	0	0	0
Number of Demolition Orders made	0	0	0	0	0
Houses demolished	0	0	0	0	0
No. of houses in respect of which notice was issued for remedy of conditions	32	35	32	16	0
No. of houses where remedy was effected. Informal notices	26	0	0	19	64
Number of houses erected during the year—					
Under District Council's Scheme	0	0	0	0	0
By private enterprise	40	21	31	22	48

TABLE VIII.

RAINFALL.

Collected by H. C. WARREN, Esq., J.P., at Old Rides', Eastchurch.

	1921.	1922.	1923.	1924.	1925.
January	1.51	2.53	1.18	1.09	1.03
February	1.07	1.24	2.47	.38	2.22
March	.99	1.65	1.54	.86	.89
April	1.30	1.67	1.23	2.47	1.61
May	.97	.52	3.10	2.27	1.88
June	.20	1.18	.69	.91	.50
July	.22	2.12	.74	2.86	1.76
August	1.65	1.66	1.09	2.38	1.23
September	.64	2.19	1.37	1.35	2.00
October	.51	1.81	4.80	3.28	2.83
November	1.52	1.06	1.69	3.16	2.41
December	1.11	2.74	2.31	2.35	2.55
Total	11.69	20.36	22.21	23.36	20.91

CIRCULAR LETTER SENT OUT BY COUNTY MEDICAL OFFICER.

Sessions House, Maidstone.

IMPORTANT.

Dear Sir,

On several occasions previously I have communicated with all medical practitioners in the County of Kent, with the object of bringing to their knowledge complete information of interest to them concerning the facilities of the county public health department. I am now taking an opportunity of re-stating those facilities, with certain additional information.

VENEREAL DISEASES.

I attach herewith a schedule giving particulars of the Venereal Diseases Clinics which have been established in Kent. *Please note alterations of days and times of holding Margate and Ashford Clinics and times of holding Faversham and Sheerness Clinics.* The Kent County Council are also participants in the treatment scheme of the London County Council, and information respecting the London clinics and hostels is likewise attached.

Any medical practitioner may consult at the clinics, without fee, the Medical Officers of the clinics respecting any case of venereal disease or suspected venereal disease under his care. The medical officers of the clinics are also prepared to give demonstrations to medical practitioners, of the methods of taking and transmitting materials for laboratory diagnosis, and of the best known methods for the systematic treatment of venereal disease.

When any part of the treatment can be given by the patient's usual medical attendant, the medical officers of the clinics have arranged, with the patient's consent, to furnish the medical practitioner concerned with a report on the patient's treatment at the clinic and with suggestions as to continued treatment.

* Examinations of pathological specimens for the detection of spirochaetes and gonococci, and tests for the Wassermann reaction, are carried out at the Bacteriological Laboratory at Maidstone, attached to this department, and outfits are supplied on request. A reference to the facilities of the County Bacteriological Laboratory is included below.

In this connection, I would also draw attention to a previous letter referring to the importance of Wassermann tests for patients who have had miscarriages, and of the examination of material from cases of still-birth.

Free supplies of approved arseno-benzol preparations for the treatment of patients in the communicable stages of the disease, are obtainable on application to me by medical practitioners possessing one or other of the following qualifications :—

(1) Holds a certificate of having fulfilled satisfactorily the duties of clinical assistant in a hospital department recognised by the Ministry of Health in connection with a local authority's scheme for the diagnosis and treatment of venereal diseases in their communicable stages;

(2) Holds a certificate of satisfactory attendance at a course of instructions in the diagnosis and treatment of venereal diseases (including intravenous medication) in such a hospital department or in a recognised medical school or post-graduate college;

(3) Is or has been within the last five years a member of the permanent staff of a hospital managed by a Committee, containing not less than fifty beds;

(4) Produces satisfactory evidence, other than that indicated in the foregoing paragraphs, that he has had adequate experience in the administration of these drugs by intravenous injection.

Evidence of having held an appointment or attended a course of instruction in a military hospital, for the treatment of these diseases, recognised by the Army Council, will be regarded as complying with the Ministry of Health's requirements.

Any practitioner wishing to be placed on the County list for gratuitous supplies of these arseno-benzol preparations, should apply to me for the necessary card which will require to be completed and returned to this department.

* It should be noted that this work is not undertaken on behalf of practitioners in Kent at the London Hospitals under the V.D. scheme.

It is clearly understood that the above arrangements are available for all registered medical practitioners in the County, without charge to them or to their patients, and that strict secrecy will be observed at the treatment centres at all times as to the identity of patients. I hope all medical practitioners will cooperate.

In necessitous cases where a patient cannot receive the treatment which the case requires unless travelling expenses are paid, the Kent County Council will defray the cost of his (or her) railway fare to the approved clinic nearest his (or her) residence. Such a patient should be referred to me, or with the patient's consent the doctor might himself communicate with me, and state his opinion that such assistance is called for.

TUBERCULOSIS.

I also enclose, for your information, an amended list of tuberculosis dispensaries in Kent (*see alteration of the day of holding the Ashford Dispensary*) and beg to state that the services of the county tuberculosis officers are freely at the disposal of medical practitioners. In doubtful cases, the assistance of these officers may be of value in enabling a definite diagnosis to be arrived at, and a visit by medical men to the local dispensary will always be welcomed. The tuberculosis officers will also be pleased to visit the homes of patients with the doctor.

The County Council have provided a supply of shelters, which are loaned, on the recommendation of the tuberculosis officers, in suitable cases, to patients who are able and willing to sleep out of doors.

Patients suffering from either pulmonary or non-pulmonary tuberculosis are also admitted for treatment in various sanatoria and hospitals, on the recommendation of the county tuberculosis officers. So far as pulmonary tuberculosis is concerned, the beds are, as far as possible, reserved for early cases with a good prospect of cure or arrest, and for advanced cases living in unsuitable home surroundings where removal is necessary for the sake of the other persons in the house. Suitable cases are also treated by X-rays, Finsen light, etc., again on the recommendation of the tuberculosis officers.

Other facilities included under the county tuberculosis scheme are the provision of ancillary nourishment for necessitous patients (such nourishment is only granted strictly as a part of treatment and is not available in cases which can obviously only be met by means of Poor Law relief), and the provision of dental treatment and surgical appliances as part of the treatment for tuberculosis.

May I also take this opportunity of directing attention to Article V. of the Public Health (Tuberculosis) Regulations, 1912, which reads as follows :—

> Subject to the provisions of these Regulations, every Medical Practitioner (unless acting as a School Medical Inspector) attending on or called in to visit any person (whether at an Institution or otherwise), shall, within forty-eight hours after first becoming aware that such person is suffering from Tuberculosis, make and sign a notification of the case on Form A, and shall transmit the notification to the Medical Officer of Health for the District within which the place of residence of the person is situate at the date of notification.

Provided that a Medical Practitioner shall not notify a case of Tuberculosis under this Article if he has reasonable grounds for believing that the case has already been notified, either under this Order or under the previous Regulations or otherwise, to the Medical Officer of Health for the District within which the place of residence of the person is situate :—

Provided further that if a notification is required in pursuance of this Article in respect of an in-patient at an Institution, the notification shall be sent to the Medical Officer of Health for the District in which the usual place of residence of the patient is situate.

I am sure you will not mind my mentioning the fact that early notification to the local Medical Officer of Health, as required by the Regulations, is of the greatest assistance in ensuring that any necessary steps may be taken for preventing the spread of infection and also for removing conditions favourable to infection.

The attention of Insurance Practitioners is drawn to the Memorandum of the Ministry of Health dated December 21st, 1923, respecting the co-ordination of the work of Tuberculosis Officers and Insurance Practitioners in relation to the public treatment of tuberculosis. I have to thank the medical practitioners generally for the prompt submission of initial and periodical reports to tuberculosis officers on patients under the practitioners' care, but in some cases there is both delay in submission and lack of detail in the report. Close co-operation in this respect is essential.

MIDWIVES ACT, 1918.

All medical practitioners who have intimated their willingness to attend patients when called in by midwives, in emergencies at outlined in the rules of the Central Midwives Board, have been provided with account forms, on the back of which are set out the scale of fees payable by the County Council for services rendered to patients. Copies of these account forms are available on request, and doctors who wish their names to be added to the list of medical men available for such emergencies are asked to communicate with me. It is requested that accounts should be rendered within a few days of the completion of the doctor's attendance, and in submitting the accounts, dates of visits should be shown under the appropriate headings, and information should be given as to the reason for continuation of attendance beyond ten days, when such attendance is necessary.

In some instances difficulty has been experienced in recovering the fees from patients (as required by the Act) owing to a

medical man having informed them that they would not be required to make any payment. It is desirable that no definite impression to this effect should be given to any patient, as the County Council themselves decide which cases are so necessitous that a remission of the whole or part of the fee is called for.

NOTIFICATION OF BIRTHS ACT.

For the information of medical men, I append below the following Section of the 1907 Act :—

(1) In the case of every child born in an area in which this Act is adopted it shall be the duty of the father of the child if he is actually residing in the house where the birth takes place at the time of its occurrence, and of any person in attendance upon the mother at the time of, or within six hours after the birth, to give notice in writing of the birth to the medical officer of health of the district in which the child is born, in manner provided by this section.

(2) Notice under this section shall be given by posting a prepaid letter or postcard addressed to the Medical Officer of Health, at his office or residence, giving the necessary information of the birth, within thirty-six hours after the birth, or by delivering a written notice of the birth at the office or residence of the Medical Officer within the same time; and the Local Authority shall supply without charge, addressed and stamped postcards containing the form of notice to any medical practitioner or midwife residing or practising in their area who applies for the same.

(3) Any person who fails to give notice of a birth in accordance with this section shall be liable on summary conviction to a penalty not exceeding Twenty shillings; provided that a person shall not be liable to a penalty under this provision if he satisfies the court that he had reasonable grounds to believe that notice had been duly given by some other person.

(4) This section shall apply to any child which has issued forth from its mother after the expiration of the twenty-eighth week of pregnancy, whether alive or dead.

The following are the districts in which the Kent County Council are the Authority for the receipt of notification of births :

Borough and Urban Districts.—Broadstairs, Cheriton, Chislehurst, Deal, Faversham, Herne Bay, Hythe, Lydd, New Romney, Sandgate, Sidcup, Southborough, Tenterden, Tonbridge, Walmer, Whitstable, Wrotham.

Rural Districts.—East Ashford, West Ashford, Blean, Bridge, Bromley, Cranbrook, Dover, Eastry, Elham, Faversham, Hollingbourn, Hoo, Maidstone, Malling, Romney Marsh, Sevenoaks, Sheppey, Strood, Tenterden, Thanet.

In the other sanitary districts of Kent, all birth notifications should be sent to the local authorities concerned.

INFANT WELFARE CENTRES.

In the above-mentioned areas where the County Council are responsible for the administration of the Notification of Births Acts, infant welfare centres, which are in the charge of a county health visitor and where a local practitioner acts as medical officer, have been established. May I ask for your co-operation in making these centres successful if one exists in the district in which you practise. The object of an infant welfare centre is to keep children under five years in good health, especially in the case of babies by encouraging breast feeding. No treatment is undertaken at these centres and, where such is indicated, the children are referred to their usual medical attendant. The work at these centres has proved so valuable in reducing infantile mortality, that I feel sure I can ask you, with confidence, to regard their establishment and continuance with sympathy and to encourage those mothers who are your patients to attend regularly.

In addition to the above, the facilities included under the county maternity and child welfare scheme, include the provision of beds in certain hospitals for complicated confinement cases, beds in approved maternity homes for cases in which the home conditions of a patient are unsuitable for confinement, and the provision of milk in necessitous cases to nursing mothers and young infants, subject to certain restrictions set out by the Ministry of Health.

SQUINT IN CHILDREN UNDER SCHOOL AGE.

The Kent County Council have arranged facilities for the examination by their ophthalmic surgeon of children under five years of age who are suffering from squint, and for treatment by means of spectacles when found necessary. For the present, these facilities are only available in the area of the county maternity and child welfare scheme

Spectacles will be provided free of cost in necessitous cases.

It is, of course, of the highest importance that cases of squint should receive treatment at the earliest possible moment. Indeed, this is the reason for these new activities, as it is found that by the

time a child begins school life, treatment is often then useless so far as prevention of loss of sight of the squinting eye is concerned.

It is desirable that all doctors in the county should co-operate in this matter by persuading parents to obtain treatment before it is too late; especially as parents often have no hesitation in excusing their previous failure to obtain treatment by placing the blame on their family doctor.

Any case of squint notified to me will receive an appointment at the nearest clinic without avoidable delay.

INFECTIOUS DISEASES IN SCHOOL CHILDREN.

I enclose herewith, for your information, a summary of the regulations respecting infectious diseases, which are in force in the schools of the Kent Education Committee. The periods of exclusion of patients and contacts, set out therein, are based on the recommendations of the Ministry of Health and the Board of Education, and I trust that medical practitioners will advise patients in accordance therewith, when the occasion arises.

MEDICAL CERTIFICATES AUTHORISING ABSENCE OF CHILDREN FROM SCHOOL.

As School Medical Officer to the Kent Education Committee, all medical certificates allowing absence of children for one month or over, or for an indefinite period, are submitted to me. I should very much appreciate the co-operation of medical practitioners issuing these certificates to children attending schools within the area of the Kent Education Committee, in the matter of stating a definite minimum period of exclusion, not exceeding three months in the first instance. It is frequently found that parents take advantage of "open" certificates, to keep their children away from school beyond a reasonable period, when they are not under medical treatment. Where, for any reason, it is undesirable to state on the certificate the nature of the illness for which exclusion is necessary, I trust that the doctors will not mind supplying the information to me on request, such information, of course, to be regarded as confidential.

OPERATIVE TREATMENT OF ENLARGED TONSILS AND ADENOIDS IN SCHOOL CHILDREN.

The Kent Education Committee have arrangements with various hospitals for the operative treatment of cases of enlarged tonsils and adenoids coming to light under their scheme of school medical inspection. There appears to be a misappre-

hension in some quarters that cases arising from any source come within the scope of these arrangements. Such is not the case, as it is laid down by the Board of Education that cases must be selected by the School Medical Officer. The Kent Education Committee, therefore, can only be responsible for those cases recommended for treatment by their school medical inspectors.

THE COUNTY BACTERIOLOGICAL LABORATORY.

I should like to take this opportunity of again reminding you that the facilities of the County Bacteriological and Pathological Laboratories are available for all doctors practising in Kent. No charge is made to doctors or patients for the work undertaken, which embraces all the usual bacteriological, serological, histological, and certain chemical examinations. Doctors are supplied with outfits, on application to me, for their immediate needs, and these are replaced automatically as they are used.

PREVENTION OF BLINDNESS.

It may be of interest to you to know that Sub-section (1) of Section 66 of the Public Health Act, 1925, provides that a county council or local authority shall have power, with the consent of the Ministry of Health, to make such arrangements as they should think desirable for *assisting in the prevention of blindness,* and in particular for the treatment of persons ordinarily resident within their area suffering from any disease of, or injury to, the eyes.

If any case comes to your knowledge for which ordinary hospital or other facilities are not available, and which would appear to come within the power of the County Council to deal with under the above clause, I shall be pleased to consider the case, on receipt of particulars.

Those doctors practising on the borders of the Administrative County of Kent will no doubt be aware of any facilities similar to those enumerated in this letter, available in the adjoining area, for the benefit of their patients in those areas.

If there is any further information which I can give you on any of the above particulars, I shall be pleased to do so, and I take this opportunity also of offering my co-operation as far as possible, in any other direction which may be desired in the interests of Preventive Medicine generally.

Believe me,

Yours faithfully,

(Signed) ALFRED GREENWOOD,

County Medical Officer.

KENT COUNTY COUNCIL.

LIST OF TUBERCULOSIS DISPENSARIES IN KENT.

DISTRICT No. 1.

(Tuberculosis Officer in Charge, Wm. Beare Martin, M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H.).

Address.	Day and Time of Opening.	Additional Area for Domiciliary Visitation.
*Dartford—41, Overy Street (Tel. No. 378)	Monday, 1.30-3.30 p.m. Thursday, 5.30-6.30 p.m.	Dartford R., Bromley R. (except W. Wickham), Chislehurst, Crayford, Sidcup, and Bexley.
Bromley—2, Park Road	Wednesday, 1.30-3.30 p.m.	
Erith—19, Pier Road	Monday, 5.0-6.0 p.m. Thursday, 2.0-4.0 p.m.	

DISTRICT No. 2.

(Tuberculosis Officer in Charge, Charles Roper, B.A. (Camb.), M.D., B.C., D.P.H.)

*Rochester—13, New Road (Tel. No. Chatham, 82)	Friday, 9.30-10.30 a.m. Tuesday, 2.0-3.0 p.m. and 5.0-6.0 p.m.	Northfleet, Strood R., Hoo R., Chatham, N.E. fringe of Malling R., N.W. fringe of Hollingbourne R., and E. quarter of Milton R.
Gillingham—228, Nelson Road	Tuesday, 9.30-10.30 a.m. Friday, 2.0-3.0 p.m. and 5.0-6.0 p.m.	
Gravesend—22, Cobham Street	Wednesday, 1.0 p.m.-3.0 p.m.	

DISTRICT No. 3.

(Tuberculosis Officer in Charge, Henry Leatham Grabham, M.B., B.S. (Lond.), M.R.C.S., L.R.C.P. (Lond.), D.P.H.)

*Tonbridge—53, Pembury Road (Tel. No. 228)	Monday, 1.30-3.30 p.m. Thursday, 5.15-6.0 p.m.	Sevenoaks R., Tonbridge R., Southborough U., Cranbrook R., and S. fringe of Malling R.
Sevenoaks—4, Cramptons Road	Tuesday, 1.30-3.30 p.m.	
Tunbridge Wells—34, Calverley Street	Monday, 5.0-5.45 p.m. Thursday, 1.30-3.0 p.m.	

DISTRICT No. 4.

(Tuberculosis Officer in Charge, Herbert Bowly Gibbins, M.D. (Lond.), M.R.C.S., L.R.C.P. (Lond.), D.P.H.)

*Maidstone—4, Station Road (Tel. No. 248)	Tuesday, 12.30-3.0 p.m. Friday, 12.30-3.0 p.m.	Wrotham, Malling R. (except N.E. and S. fringes), Maidstone R., Milton R. (except E. quarter), Hollingbourn R. (except N.W. fringe), Milton Regis, Queenborough, Sheppey.
Sheerness—Granville Villa, Granville Road	Thursday, 11.0 a.m.-1.0 p.m.	
Sittingbourne—36, Albany Road	Monday, 12.0-2.0 p.m.	

Address.	Day and Time of Opening.	Additional Area for Domiciliary Visitation.
DISTRICT No. 5.		
(Tuberculosis Officer in Charge, Thomas Massey Pearce, M.D. (Lond.), M.R.C.S., L.R.C.P. (Lond.), D.P.H., R.C.P.S.)		
*Folkestone—80, Dover Road (Tel. No. 40)	Monday, 10.0 a.m.-12 noon, and 2.30-6.0 p.m.	Bridge R., Eastry R., Elham R., Dover R., Sandwich, Walmer, Cheriton, Sandgate and Hythe, less area immediately south of, and adjacent to, the railway line between Ramsgate and Canterbury.
Canterbury—11, Longport Street	Friday, 10.0 a.m.-12.0 noon, and 1.15 p.m.-2.30 p.m.	
Deal—16, Clanwilliam Road	Tuesday, 10.0 a.m.-12.0 noon.	
Dover—9, Eastbrook Place	Thursday, 10.0 a.m.-12.0 noon and 1.30-3.30 p.m.	
DISTRICT No. 6.		
(Tuberculosis Officer in Charge, Carol C. Alex. de Villiers, M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.), B.A., B.Sc.)		
*Ramsgate—Charlotte Cottage, Market Place	Wednesday, 1.30 p.m.	Faversham R., Blean R., Whitstable, Thanet R., and Broadstairs U., and area immediately south of, and adjacent to, the railway line between Ramsgate and Canterbury.
Faversham—2, Albion Terrace	Tuesday, 1.0 p.m.	
Herne Bay—16, High Street	1st and 3rd Thursday each month at 12.0 noon.	
Margate—Eton House, St. Peter's Road	Friday, 2.0 p.m.	
DISTRICT No. 7.		
(Tuberculosis Officer in Charge, John Mathewson Clements, M.D. (R.U.I.), B.Ch., B.A.O., D.P.H. (Lond.)		
Beckenham—Fire Station, Bromley Road (Tel. No. Bromley, 810)	Tuesday, 2.0-5.0 p.m. Wednesday, 9.30 a.m.-1.30 p.m.	Penge, W. Wickham, Anerley and parts of Sydenham and Upper Norwood.
DISTRICT No. 8.		
(Tuberculosis Officer in Charge, Robert Hugh Alexander Ritchie, M.B., B.Ch., B.A.O.)		
Ashford—1, Barrow Hill Place (Tel. No. 14 Lenham)	Thursday, 10.0 a.m.-12.0 noon.	Ashford E., Ashford W., Romney Marsh, Tenterden B. and R., New Romney U., ad Lydd B.

* Tuberculosis Officer's Head Office.

KENT COUNTY COUNCIL.

LIST OF VENEREAL DISEASES CLINICS IN KENT.

Situation of Clinic.	Days and Times of Consultations.		
Kent and Canterbury Hospital, Canterbury	Men	Tuesdays	6 p.m.
	Women	Thursdays	6 p.m.
37, West Hill, Dartford	Men	Mondays	4.30 p.m. to 6.30 p.m.
		Wednesdays	5 p.m. ,, 6 p.m.
	Women	Tuesdays	4 p.m. ,, 6 p.m.
Royal Victoria Hospital, Dover	Men	Mondays	8 p.m.
		Thursdays	4 p.m.
	Women	Mondays	8 p.m.
		Thursdays	4 p.m.
Royal Victoria Hospital, Folkestone	Men	Fridays	7.30 p.m. ,, 9.30 p.m.
	Women	Mondays	3.30 p.m. ,, 5.30 p.m.
St. Bartholomew's Hospital, Rochester	Men	Tuesdays	5.30 p.m. ,, 7 p.m.
		Thursdays	5.30 p.m. ,, 7 p.m.
	Women	Thursdays	3 p.m. ,, 5 p.m.
		Fridays	11 a.m. ,, 1 p.m.
General Hospital, Tunbridge Wells	Men	Fridays	3 p.m.
	Women	Wednesdays	5 p.m.
1, Barrow Hill Place, Ashford	Men	Tuesdays	5.30 p.m. ,, 6.30 p.m.
	Women	Tuesdays	4.30 p.m. ,, 5.30 p.m.
2, Albion Terrace, Faversham	Men	Thursdays	5.30 p.m. ,, 6.30 p.m.
	Women	Thursdays	4.30 p.m. ,, 5.30 p.m.
22, Cobham Street, Gravesend	Men	Thursdays	4.30 p.m. ,, 6.30 p.m.
	Women	Thursdays	2.30 p.m. ,, 4.30 p.m.
Eton House, St. Peter's Road, Margate	Men	Wednesdays	5.30 p.m. ,, 6.30 p.m.
	Women	Wednesdays	4.30 p.m. ,, 5.30 p.m.
61, Alma Road, Sheerness	Men	Fridays	5.30 p.m. ,, 6.30 p.m.
	Women	Fridays	4.30 p.m. ,, 5.30 p.m.